



9926127
PATENT
450100-02250

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

C/m
4/26

Applicant(s) : Masami OGATA et al.

Serial No. : 09/468,053

For : IMAGE PICKUP METHOD AND APPARATUS, AND IMAGE
PROCESSING METHOD AND APPARATUS

Filed : December 20, 1999

Examiner : Matthew L. Rosendale

Art Unit : 2612

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MAY 04 2004

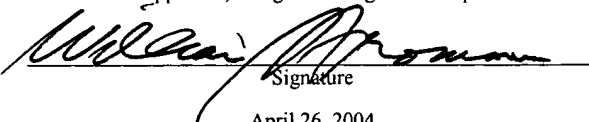
Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on April 26, 2004.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative


Signature

April 26, 2004

Date of Signature

5/10/04
WFO

**AMENDMENT AND RESPONSE TO REQUIREMENT
FOR ELECTION OF SPECIES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action which issued in the above-identified application on
March 24, 2004, please amend this application as follows:

04/30/2004 RNEBRAHT 00000027 09468053

01 FC:1201
02 FC:1202

86.00 OP
18.00 OP



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	73	Minus	** =72	* 1 x	\$18 (9)	= \$ 18.00
Independent claims	9	Minus	*** =8	* 1 x	\$86 (43)	= \$ 86.00
Total additional fee for this amendment						\$ 104.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$104.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

April 26, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: *William S. Frommer*
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800